TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Peges 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24-1700 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Item #11 infor taken from h	Dr DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Codes Manuala	2. STATE Maryland b. COUNTY Saint Mary's
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	
Leonardtown 1 Hour	Mechanicsville /8./
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. 1S RESIDENCE ON A FARM?
Saint Mary's Hospital	352 WaterView Drive YES□ NO 🛣
3. NAME DF First Middle DECEASED (Type or print)	Reaver DEATH December 14 19 67
E SEV	P DATE OF DIDTH I D ACE (IN VENE I SELINDED 1 VEND IIE LINDED 24 HDS
7. MARKIED NEVER MARKIED	iast birthday) Months   Days   Hours   Min.
Female White   WIDOWED   DIVORCED	2-14-67 - yrs.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT
	Leonardtewn, St. M. Co.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard Alfred Beaver	Elizabeth Margaret Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)	Father Mechanicsville, Maryland
18. CAUSE OF DEATH (Enter only one cause per Hire for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (2) UNCLUSIVARY CET	EBEYELL
7625 DUE TO	1 11 "
Conditions, If any, which ) the wasturetes -	- 20 xxxlls 940 tallou
gave rise to immediate ( cause (a), stating the ) DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
K I	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YESXX NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RALLS. (Litter hardes of hijery in rait for rait if of item 16.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State)  ry, street, office bldg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while at work at work at work	
21. I certify that (I) (this hospital) attended the deceased from L	1967 to 14 DEC , 19 67 that (1) (we) last
	t death occurred at M, from the causes and on the date stated above.
22a. SIGNATURE	22b DATE SIGNED
William C. Mush Wind	ATTENDING MED. DIRECTOR D STAFF DIVING
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) William C. Mulford, M.D.	. Mechanicsville, Maryland
<u> </u>	
REMOVAL (Specify)	
112-14-67   St. Mary's	Hospital Laboratory, Leonardtown, Md.
TOMILLO TOMILLO	the second secon
	DATEAN 9 1968 Charles June "

VR A15 (4) 20M 1/65

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1.	PLACE OF DEA	TH					AL RESIDEN	ICE (Where	deceased li	ved, If instit		nce before admissio
9	t. Mar	y 1 s			MARYLAN	D	Mar	ylan	d		St.	Mary's
		WN (if outside L and give nea			GTH OF STAY IN		OR TOWN (I	foutside (	orporate	ilmits, write	RURAL and	give nearest town
	SAMOFH	SPITAL OR INS	TITUTION (if n	ot in hospital,	give street addr	d. STRE	ET ADDRESS	nard	town			e. IS RESIDENC
	St. Ma	ary's F	lospita	1]								ON A FARM?
	NAME OF DECEASED		First		Middle	L	est	4. DA1	E	Month	D	ay Year
	(Type or print)						dine	DE		12	31	19 67
5.	SEX	6. COLOR O	7 2 1116		VER MARRIED	8. DATE	OF BIRTH		9. AGE (		UNDER 1 YEA onths   Days	Hours Min
102	La 1 e	Color TION (Give kind king life, even	ed   WIE	OWED 10b. KIND OF E	DIVORCED E	12 2	HPEADE (	County & St	ate or fore	yrs.	12 CITIZE	N OF WHAT
duri	ig most of wor	king life, even	If retired)	INDUSTR	/					gii coziiu 3)	COUNT	RY7
13.	PATHER'S NA	ME		none	}		eona#					Amer.
	Junior	Butle	r			S	hirle	v An	n Bei	rdine		
15. (Yes	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	16. SOCIAL	SECURITYNO.	17. INFORMA				Address		
	no	-	10	no		Mo	ther		St	. Ini	goes	Maryla
1		DEATH (Enter DEATH WAS CAL		e per line for (	a), (b), and (c).]	D			0		I I N	TERVAL BETWEEN
	7/7	IMMEDIATE	CAUSE (a)	ez milli	Me Bin	to TUL	MONA	Ry.	HTEL	ECTA:	5/5	
	Conditions, If	any, which \	DUE TO	PA	REMAT	IRITY	,	/				
	gave rise to	Immediate (	(b)		C.C. 7. 777 1	7						
	cause (a), underlying cau		(c)									
CERTIFICATION	PART II. OTHER	SIGNIFICANT	ONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT	RELATED TO TH	E TERMINAL	DISEASEC	ONDITION	GIVEN IN PA	RT 1(a) 11	<ol><li>WAS AUTOPSY PERFORMED?</li></ol>
FICA	00-10010711	Villa Uniberi	VINO C	DESCRIPTION OF THE PROPERTY OF	c lieve laures	0000000	And in a bound	of helicon to	Dark I an	P== () = ()		YES NO
ERT	OR CONTRIBU	T WAS UNDERLING CAUSE OTIFY MEDICAL	OF DEATH	20b. DESCRIB	E HOW INJURY	JGGUKKED. (EN	iter nature i	or injury in	Partior	Part II OI I	tem 10.)	
		INJURY Mont		20d. INJURY 0	CCURRED 20e.	PLACE OF INJ	URY (Home,	farm,   201	. (City or	town)	(County)	(State)
MEDICAL		.m.	19	While Not	While work	actory, street,	office bldg.,	etc.)				
≥ .					deceased from	SIDEC		1967	10 31	DEC	1967.	that (I) (we) la
	saw the d	eceased alive	on 3/ 4 A	101	19.67, and	that death o	ccurred at.			causes an	d on the d	ate stated abov
	22a. SIGNATI	JRE //L.	N	111.	1600	ATTEN	DING .	MED.	_ STA		22b. DATE	SIGNED
-	22c. PHYSIC	AN'S	244 6	nue	gna	M.D. PHYS.	ADDRESS	DIRECTOR	PH	ys.	1/1/	160
	NAME (	Type) Will	liam C	MINT	ord M.	1		anic	svi 1	le.	Marv1	and
23a.	BURIAL, CRE	MATION, 23b.	DATE THERE			TERY OR CREW		-	LOCATIO		n or county)	(State)
B	REMOVAL (S	pecity)	2.31/9	67	mt Z	Lon		St	migor	2 St	Mary	· md
24.	FUNERAL DU	ECTOR	4.	P	ADDRESS	1. 1	25a. R	EC'D BY RI	GISTRAR	256. REG	ISTRAN'S SH	GNATURE
	2 / W / W.	a 8/11 de 11					DATE: N					

A. Val. . To Seekly and the seekly a Della! and the second second gotter to date me ( as a aergin) ... sedip). The state of the s the state of the s Andrea - Advantage - Property - P 1 199 E

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ltem #7 Film #6396 12/21/67 ph

CERTIFICATE OF DEATH

17634

			CLKIIIIC	AIL	OI DEATH			.1.	. 10	0 4		
PLACE OF OEATH     O. COUNTY	ST. MARY S		MARYLAN	- 11	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. STATE     MARYLAND							
b. CITY OR TOWN write RURAL LEONA	N (If outside corporate limits and give nearest town) RDTOWN		c. LENGTH OF STAY IN 1	b		side corporol		JRAL end giv	ve negrest	tawn)	2	
	PITAL OR INSTITUTION (If no	t in hospital, o	live street oddress)	-	d. STREET ADDRESS				16	IS RESI	DENCE	
	MARY 1 8 HOSP				F	RURAL			1	ON A FARM? YES NO		
3. NAME OF	Fir	s†	Middle		Lost	4. OATE Month			Doy Year			
(Type or print)	GRACE		Ann		BUTLER	OF DEATH	DECE	MBER	7.	19	67	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8.	DATE OF BIRTH		AGE (In years		1 YEAR			
FEMALE	NEGRO	WIOOWEO	DIVORCED [	DIN	MARCH 1,189	3	74 birthdoy)	Months	Ooys	Hours	Min.	
	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County		*	12. 0	ITIZEN OF OUNTRY?	WHAT S.A.		
13. FATHER'S NAME				T	14. MOTHER'S MAIDEN N	AME						
	SAMUEL EXX	MKK LY	LES		MARTHA	KING						
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES?	T 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	- 10,110	Add	ress	_			
(Yes, no, or unknown	n) (If yes give wor or dotes o	service)		Mrs	DRED GROSS	Her	GHESVIL	e Ma	BVI	NO		
rise to immed storing the unlast.	iote couse (o), OUE	(b) F (c) (c)	Cuttle &	D TO TH	thes  terminal disease con	ele IDITION GIVE	N IN PART I(o)			WAS AUT	OPSY IED?	
OR CONTRIBUTION	WAS UNDERLYING  NG CAUSE OF OEATH OF MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	RRED. (E	nter noture of injury in I	Part I or Part	t II of item 18.)		110	3	NO L	
₩ Hour	p.m. 19	While of world	Not While of work	focto	OF INJURY (Home, form ry, street, office bldg., etc.)		(City or town)	(Co	ounty)		Stote)	
	rtify that (I) (this hos	offall affeni	ded the deceased tro		, 1				, th			
	deceased alive an		19, and	d that	death accurred at	M	, fram causes				abave	
220. SIGNATUI	RE JM	on	w	M.D.		MED. DIRECTOR	STAFF PHYS.	22h	ATE SIGNE	0		
22c. PHYSICIAI NAME (Ty					22d. ADDRESS MECHANI	CEVIL	LE, MAI	RYLAND	,			
230. BURIAL, CREMA BEMOVAL (Spec	cify) 12-11-		St. Marys		h. Cem.	Bry	CATION (City or To	n G	(County)	6,7	note)	
24. FUNERAL OIREC	TOR ()	1	ADDRESS (		/ 2So. REC'D	BY REGIOR	AR 25b. R	EGISTRAR'S	SIGNATUR	E		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Bages 1 and 3 shauld be filed with the State Dept. of Health priar to burial, cremotian, ar removal, and in any event, within 72 fours after death Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

2 3 1 1 1 THATTAN TA COTACOL POLITY PROPERTY. graps orsers District JAINTEN A TVAL . 18 many watered assembly THE JULY 11 THE THE THE design ( 1221) Indist

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH FOR STATE HEALTH DEPT I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY 9 ST. MARY 8 ST. MARY B MARYLAND MARYLAND deloy b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) PMS 6 DAYS GALLAWAY LEONARDTOWN RURAL e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS YES NO ST. MARY'S HOSPITAL Poges This certificate should be executed within 24 hours after death 3 NAME OF Middle 4 DATE Manth First Last Doy DECEASED 0F PERNELL in Item 18. Give 28 1967 (Type or print) JAMES GALLAWAY DEATH DECEMBER with 9. AGE (In years oloni S SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED X Jast birthdoy) Manths Days Hours deoth WIDOWED DIVORCED FEB. 21. 1885 MALE WHITE Office lond 2 13. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT COUNTRY? A. during mast at warking life, even if retired) INDUSTRY Whitesville, Delaware Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME in pencil hours File JAMES H. CALLAWAY ALICE VIRGINIA MCFADDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT pending" (Yes, na, or unknown) (If yes give war or dates of service within MRS MARY G.CALLAWAY CALLAWAY, MARYLAND INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-tronsit event 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the word DUE TO dny Conditions, if any, which gave rise to immediate cause (a). 10 DUF TO stating the underlying cause 0 forwarded lost SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) removol, CERTIFICATION necessory, please execute the certificate, 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II af item 1B.) should PRIMARY I or CONTRIBUTING W OL 4 should CAL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year (City or tawn) (Caunty) factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Poge at wark STHOW at work Leonardton St Man 21. I certify that I took charge of the remoins described obove, held on Autopsy Inspection K. ond in my opinion Suicide | the funeral director. death resulted from: Notural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health prior

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**EXAMINER'S** 

NAME (Type)

BURIAL

BURIAL, CREMATION,

REMOVAL (Specify)

24. FUNERAL DIRECTOR

WILLIAM

23b. DATE THEREOF

DEC. 31, 1967

W. CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

O DEPUTY

23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE EPISCOPAL 23d LOCATION (City or Town)

(County)

NO

(State)

Year

2Sq. REC'D BY REGISTRAR DATE JAN 1988

DEPUTY MEDICAL EXAMINER

Address (Street, city, tawn, or county)

VALLEY LEE ST MARY S MARYLAND

2Sb. REGISTRAR'S SIGNATURI

V8851 1,00 afanas . es - (\*) ( A. o. (1 & ) MAJE DIVI the TOWN I Carl Jay 1 To a track of the FRANK ANDRES T WY FAIT, 72,823 371= 371 STATE AINTERNAL SIL THE STATE OF THE S WALLEY CALLEY WELLEY, CALLEY, Compared to the state of the and the last take the second parties of 5,00 5 5 610 GB TAL DEC. 31, 1977 TY. SCONET OF LECONAL VALUE LEE, 91. JAN LANDAR W.Staner Particular Little Dissel, Cancella

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-		A + U O 11
1.	PLACE OF DEATH a. COUNTY St. Mary's MARYLANE	a. STATE  Maryland  D. COUNTY  Maryland  St. Mary's
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
	Leonardtown	Lexington Park 18-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addre	I ON A FARM?
	St.Mary's Hospital	Hot 41 Lord Calvert Traipor Ct ves No €
3.	(Type or print) James Mitchell	1301
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NAME NOT DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS     12 → 18 → 1967  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS     Menths   Days   Hours   Min.     4. Ohr   Hours   Min.     4. Ohr   Hours   Min.     4. Ohr   Hours   Hours   Hours     5. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS     6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS     1. Ohr   Hours   Hours   Hours     6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS     1. Ohr   Hours   Hours   Hours     1. Ohr   Hours   Hours   Hours     1. Ohr     1. Ohr   Hours     1. Ohr     1. Ohr   Hours     1. Ohr   Hours     1. Ohr     1. Ohr   Ho
10	Ia. USUAL OCCUPATION (Give kind of workdone   10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
du	ring most of working life, even if retired) INDUSTRY	LEONARDTOWN, MARYLAND U.S.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Allan Edward Carroll	Elizabeth Jean Hayden
I;	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   1 (es, no, or unknown)   (If yes give war or dates of service)	7. INFORMANT Address
		Mother Lexington Park, Maryland
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b); and (c). 1	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DARGE CAUSE	My Julas Simenny ho
	1735 DUE TO	a basely - the
	Cenditions, if any, which (b)	in anny
	gave rise to immediate cause (a), stating the DUE TO	
Z	underlying cause last. (c)	, <u> </u>
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES
CERTIF	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour a.m.  p.m. 19 at work at work at work	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)  (City or town) (County) (State)
-	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19/17 and	that death occurred at the from the causes and on the date stated above.
	22a. SIGNATURE	M.D. ATTENDING MED. STAFF 22b. DATE/SIGNED DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) James P. Jarboe M.D.	Great Mills, Maryland
23	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMET	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	Bug 1 417   Dec 20 1067 / Se tause /	CEMETERY HERMANULLE, ST. MARY'S MO.
24	A. FUNERAL DIRECTO Mattingley's Leonardto	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
W	CLARKE MATTINGLEY	wn, Marylander 26 1997 Whenda Oudes

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

STORE 90,000 =1\3m\_3 e it stopshill gl so tops of House, I to gain Vi Sandasti Leaving Swig Towns and Tables 19. The part of the same and the same united discounts of the contraction of the contract Y J TENE LE Y

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17637 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased , ved, if institution Residence before admission) o COUNTY b. COUNTY ST. MARY B ST. MARY 8 MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate firmits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits, RURAL ORD GIVE REGREST TOWN) RURAL CHAPTICO e IS RESIDENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES NO 3 NAME OF Midd e 4 DATE Last Month Year Firs? DECEASED 29, 1967 HENRY ALBERT DAV1 S DECEMBER (Type or print) DEATH IF UNDER 1 YEAR S SEX AGE (In years IF UNDER 24 HRS B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Haurs MALE DEC. 4. 1896 WHITE WIDOWED DIVORCED 12 CT ZEN OF WHAT 10a USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) **NDUSTRY** U.S.A ST . MARY " Mo. FARMING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY P. LOVE LEWIS HENRY DAVIS 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give war or dates of service S SAME AS NO. No. DAVIB 2 ABOVE NTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause WAS AUTOPS? PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20d INJURY OCCURRED 20e PLACE OF INJRY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month Day, Year factory, street, affice bidg , etc.) Hour am Nat While While at wark at wark 2). I certify that (1) (this haspital) attended the deceased fram 19 6 2 and that death accurred at. saw the deceased alive an M, fram causes and an the date stated above. 220. SIGNATURE ATTENDING STAFF M.D 22d ADDRESS David Mossman 22c PHYSICIAN'S NAME (Lyde) ROY GUYTHER M.D. MECHANICSVILLE. MARYLAND 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION. 23d. .OCATION (City or Town) (County) (State) REMOVAL (Specify) BURIAL DEC. 31, 1967 CHRIST CHURCH CEMETERY 24 FUNERAL DIRECTOR 2Sa. REC D BY REGISTRAR 1968

LEGNARD TOWN - MO-

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After

DIRECTOR:

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director, page

W.CLARKE MATTINGLEY

be retained

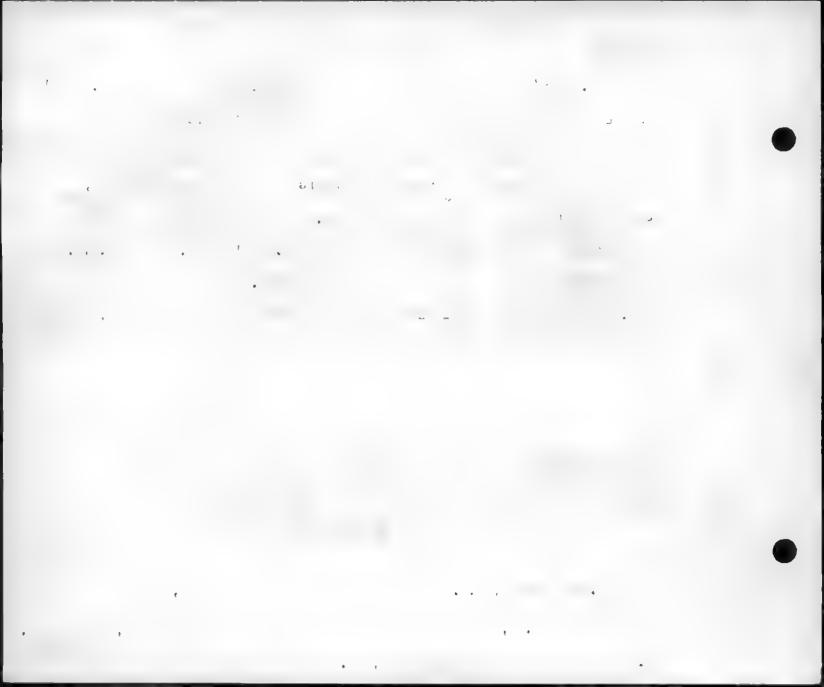
TO HOSPITAL Page 4 may FO FUNERAL I

funeral

after death

within

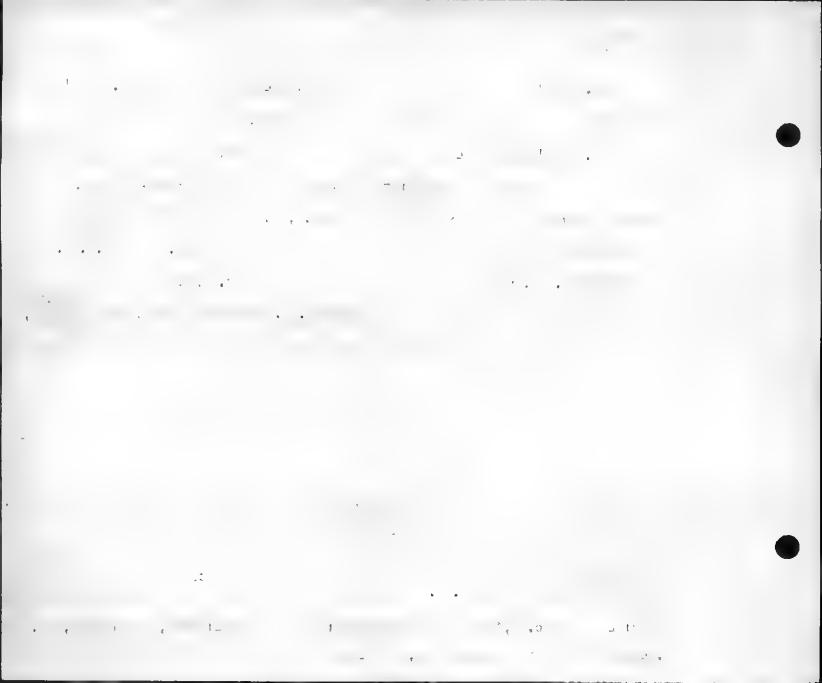
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed



### MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

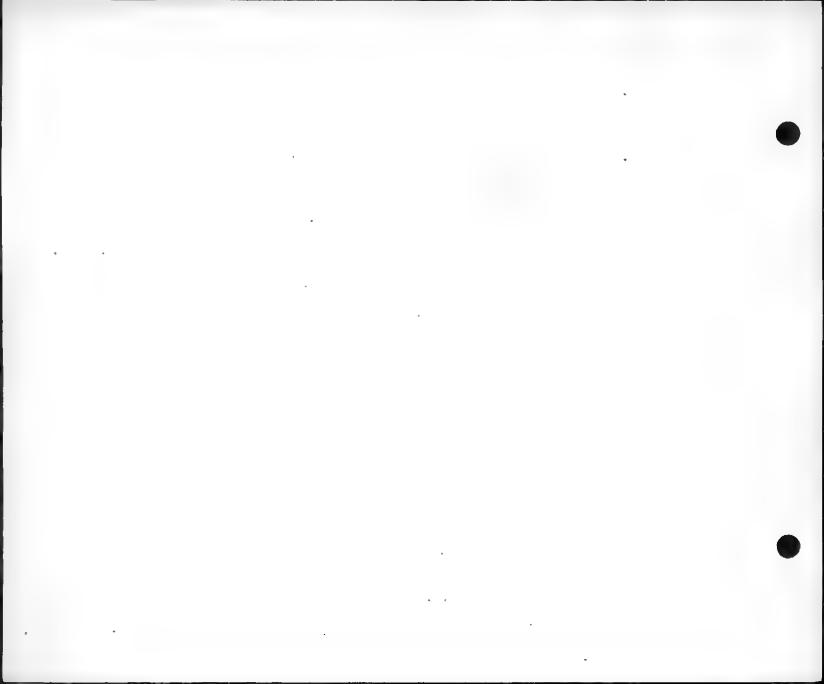
V62 2

FUR STATE				INIED	ICAL EXAMINE	N 3 (	ENTIFICATE	JE DEM		all.	1 5	, ,
EALTH DEPT.		LACE OF DEATH				Ī	2. USUAL RESIDENCE				nce before	admission)
at ge 12	(	. COUNTY	. MARY IS		MARYLA	ND I	o. STATE MARY L	AND	b. CO1	ST.	MARY	18
P 2 3 4			f outside (orporate 1 mi give nearest town)	†S,	C. LENGTH OF STAY IN		c. CITY OR TOWN (If o		rote limits, write R1			
f any delay is 1, 2, and 3 to m PM3. Page Department of		write RURAL and		*	5 DAYS		CALIFOR	MIA		18	,	
( S ) ( S			AL OR INSTITUTION (IF r	nat in hospital,			d STREET ADDRESS				e	IS RES DENCE
the second of		ST	. MARY IS H	OSPITAL			Thuse	2 Box	c 43 A		Y	ON A FARM?
hin 29 Taurs after leth If and in Item 18. Give Pages 1, amer's Office along with farm pages land 2 with the State persistent death	3. 1	IAME OF		irst	Middle		Lost	4. DATE		ath	Day	Year
will will he		Type or pnnt)	MAR	v	BEATRICE	-	DAVIS	OF DEAT	_	F.D.	19.	19 67
fter Giv ong th t	5 5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		DATE OF BIRTH	, via	9 AGE (In years	IF UNDER	LYEAR	F JNDER 24 HR
18 al	6	EMALE	WHITE	WIDOWED	DIVORCED	=	SEPT.7.191	2	last birthday)	Months	Days	Hours Min
id be executed within 25 Tours or "pending" in pendil in Item 18 Chief Medical Examiner's Office of transit permit. Fle pages land 2 vevent within 72 haurs after death	10a	USUAL OCCUPATION	(Give kind of work done	10b K	IND OF BUSINESS OR		11 BIRTHPLACE (Stot				T ZEN OF	WHAT
- 10	duri	SALES	ife, even if retired)	11	DUSTRY				VA.	C	DUNTRY?	Δ.
il ir il ir neri neri safes	13.	FATHER'S NAME	ADT				14. MOTHER'S MA DEN	NAME	779		V 3 100 6	m <sub>e</sub>
within pencil amine le page		O.T.	ER F. ST.C				Ann		OWENS			
shauld be execmted with which with the Chief Medical Exartainth and I have burial-transit permit. Fle	15	WAS DECEASED EVEL	RINGS ARMED FORCES	7 16	SOCIAL SECURITY NO	17 IN:	FORMANT	II.E. Ua	Add	ress	1.44	RYLAND
mit.	(Ye	, na, or unknown)	(If yes give war or dates	of service)		GEAR	GE W.ST.CL	ALD 4	227   444	D-	IVE	RYLAND
be execute "pending" lief Medical insit permit	H	18 CAUSE OF DE	ATH (Enter only one co	use per line for	(a), (b), and (c))	peon	GE 1130130t	MIN C	CZ LAMU	MI_DK	INTE	RVA. BETWEEN
pe file file file file file file file fil		PART I DEAT			ltiple inju	ries	severe					T AND DEATH
world h world the Ch rial-tra	Н	154		E TO	T0 T0 T0 T0 T0		277744				1	uaja
hau wo the irral		Conditions, if any,		(b)								
the shifter that I that I at I at I at I at I at I		rise to immediate stating the under		E TO								
ded ded as a sund		last.	Tring couse	(c)								
This certificate shauld be execmed within 2micate, writing the word "pending" in pencil in be farwarded to the Chief Medical Examiner's be used as a burial-transit permit. Fle pages remayal, and in any event within 72 haurs after	_	PART II OTHER SIG	SNIFICANT CONDITIONS	CONTR BUTING	TO DEATH BUT NOT RELAT	ED TO IH	E TERMINAL DISEASE CO	OND TION GI	VEN IN PART 1(a)		19	WAS AUTOPSY
farry	CERTIFICATION											PERFORMED?
tex: This certificate, and be faces.	띭	200 EXTERNAL CAT		2Db Di	ESCR BE HOW INJURY OCCI	RRED (E	nter nature of njury r	Part I ar Pi	art II of tem 18)			
aul.	E	PRIMAR (X) or CON CAUSE OF DEATH	ITRIBUTING (_)	dri	ver of auto	uhi	ch hit tre	ee				
MEDICAL EXAMILER: lease execute the certifuctor Page 4 shau detained far yaur files.  DIRECTOR: Page 3 shaul to burial, crematian, or	MEDICAL	200 TIME OF INJU	RY Manth Day Year	2Dd I	N.JRY OCCURRED 2	De PLACE	OF INJURY (Hame, for	m 2Df	(City or town)	(0)	iunty)	(State)
AAA THE STATE OF T	WEE	TO S CHOOL OUT		While	k And While R	foctor a falloce	y, street, office bldg., et ent. Beach	Road	Californ	nia. S	t. M	arvis.
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exe exe d fo TOR		deoth result	`	ral couses_					Jndetermined r		_	,
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please direct direct retains DIRECT IN DIRECT IN TO BIRECT IN TO BIREC	li	ACTUAL SIGNATURE	(1)/A	181	1 Son		M.D. ASSISTANT ME	DICAL EXAM	NER			. DATE SIGNE
RAI Prio		EXAMINED'S			161		DEPLTY MED!	CAL EXAMINE	R 🔀		12	/20/67
essary, plessary, plans funeral of the relation of the relatio		NAME (Type) Wi	lliam D.	Boyd, M	. D.		Address (Stre	et, city, tawr	n, or county)			
O DIFFETY MEDICAL EXAMILER: This certificate shaul necessary, please execute the certificate, writing the wor the funeral directar Page 4 shau d be farwarded to the 5 may be retained for yaur files. O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-Health prior to burial, crematian, or remayal, and in any	230	8URIAL, CREMAT O REMOVAL (Specify)		+EREOF	23c NAME OF CEMETE	RY OR CR	EMATORY	23d	OCAT ON (City or T	own)	(County)	(State)
		BURIAL	DEC. 22	1967	ARLINGTO	NAT		ARL	INGTON.	ARLL	NGTON	. VA.
VR A15ME (5)		FUNERAL DIRECTO	₹		ADDRESS		0.0	D BY REG S	TRAR 256 R	EGISTRAR S	SIGNATJR£	•
6M 1/67	₩.	CLARKE M	ATTINGLEY	LEONAF	ROTOWN, MARY	LAND	DATE	EC 26	1967	Ellar	CBO Y	udge.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TATE		1. 24		MEDI	CAL EXAMINER	'S CERT	IFICATE O	F DEATH	4.6	39
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754		ST. MA	RY,S	MARY		MAI	RYLAND	ST. N	ARY S	
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2576			,		ve sileer odoress)			A MADVIAND		YES NO
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bori buri	NOI	PART II OTHER SI	GNIF CANT CONDITIONS Q	ONTR BUTING T	O DEATH BUT NOT RELATED	TO THE TERM	INAL D SEASE CON	IDITION GIVEN IN PART 1(0)		PERFORMED?
be to	FICAT	20a EYTERNAL CA	JISE WAS	20h DES	CD DE SONE MILIDY OCCURD	ED /Enter not	ture of numerical	Dort I or Port II of tom 10 \		YES NO E
uold oriar	CERTI	PRIMARY I or CO		200. DE	AK DE HOW HIGH OCCORN	LD (Cirilei iloi	tore or injury in t	roll i bi roll il bi lelli (b)		
3 sho			JRY Month, Doy, Yeor	20d IN	JURY OCCURRED 20e	PLACE OF INJ	URY (Home, form	, 20f (City or town)	(County)	(Stote)
ge ;	WED	Hour or	n m. 19	While of work	Not While at work	foctory, street	, office b dg , etc )			
A 0		21   certif	y that I took chara	e of the rem	ains described above,	held an A	utopsy ,	Inspection A Inq	uiry 🔼, a	nd in my opinio
gna										
IRE IRE des		ACTUAL	( /4		1 0		CHIEF MEDICAL	EXAMINER		AA BAYE SIGNES
its its		SIGNATURE	(A)		Die J	M D				22. DATE SIGNED
ER C		EXAMINER'S	WITTIAM D	DOVID	V				12	-20-69
E E E	230		and the same			OR CREMATO			own) (Cou	nty) (Stote)
中型	P	THE WAT Specify	.1							
P	24	CHINERAL DIRECTO		1.	ADDRESS	Le Palvi				TURL
A15ME (5) M 1/66		JOHN	M. WELCH I	EONARD	COWN MARYLANI	)	DATE DE	C 27 1967	- Livery May	Just 2
	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the Nate Department of the designated agent, priar to burial, cremation, or remayal, and in ally event within 2 aurs of the depth.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 w/m the State Department of The Pages 1 and 2 w/m the State Department of The Abelth or its designated agent, prior to burial, cremation, or remayal, and in all y event virtually death.	The property of the property o	DEPI.    Place of Death   O COUNTY   ST. MARY. S	PEPI.    Place of Death   o COUNTY   ST   MARY   S   MARY	PLACE OF DEATH   O COUNTY   O UTSIDE   O COUNTY   O C	PLACE OF DEATH   COUNTY   ST. MARY, S   MARYLAND   MA	Place of Death	DEP1.    PLACE OF BEATH   COUNTY   ST.   MARY   ST.   MAR	PLACE OF DEATH   COUNT



) (\*

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

#### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 66411

FUR STATE	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH
HEALTH DEPT.	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.)
S to B E	o. COUNTY St. Mary's Maryland o. STATE Maryland b. COUNTY ST. 714/1(2)
deloy and 3 M3. Pa tmen	b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest fawn)
	write RURAL and give nearest town Lexington Park  Lexington Park
5 7 - 2	d NAME OF HOSPITAL OR INSTITUTION (finat in haspitar, give street address)  d STREET ADDRESS  e S RESIDENCE ON A FARM?
Ste Park of All Ste Park of Al	Rt. 235, Lexington Park Rt. 235, Lexington Park No T
Poses	3 NAME OF First Middle Last 4 DATE Manth Day Year DECEASED OF DeceaseD 0F Dece
ter death. Give Page ang with fi	(Type or punt) CATHERINE ANN ENNELS DEATH December 26 19 67
after dec 8 Give P olang wit with the S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BI) 9 AGE (1 years   IF UNDER 1 YEAR   IF UNDER 24 HRS
in Item 18 er's Office a ges 1 and 2 w after death.	Female Colored WIDOWED DIVORCED 1/8/1814   last 3 iday) Manths Days Haurs Min
hanrs Item 1 Office 1 and 2 rr death	100 USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR 1 BIRTHE 1 State or fareign country) 12 (ITIZEN OF WHAT
24 in H	during most of working the even if retired)  HOUSE WIFE  COUNTRY?  DOMESTIC  MARYLAND  COUNTRY?
ra age	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
i within 24 hams after de n pencl in Item 18 Give F Examiner's Office alang wi File pages 1 and 2 with the 2 hours after death.	WILLIAM NELSON MASON MARY E. THOMPSON
ed v in il Ex il Ex 72 l	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address [Yes, no, or unknown] [If yes give war ar dates of service]
should be Executed vor a ward "pending" in the Chief Medical Expurial-transit permit. Find any event within 72	NO MRS. HELEN CURTIS HOLLYWOOD Md.
Me Me	18 CAUSE OF DEATH (Enter anly one cause per time for (a), (b) and (c))  NTERVAL BETWEEN
pe "pe printing pe	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascular ONSET AND DEATH
ward ward the Ch rial-tro	TTO DUE TO Disease
should e ward a the Ch surial-tra	Canditions, if any, which gave ) (b)
o ± − =	rise to immediate cause (a), DUE TO
ficating rded as a cond	lost (c)
this certinate, writh the farward be used emayal,	PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)  19 WAS AUTOPSY PERFORMED?
	PERFORMED?  200 EXTERNAL CAUSE WAS  200 DESCRIBE HOW INJURY OCCURRED (Enter nature of njury in Part I or Part II of item 18)  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?
- 9	20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II of item 18)
NER: This certificate, hauld be fulles. should be on, ar remo	
MINER: the certifies A shauld Ir files. e 3 shoul	20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form 12/26 1667 While Not While 1 Institute of Instit
KAM te the te to your age age	Hour a.m. 12/26 1967 While at work at work I fortan of the bidg. etc.) LEXINGTON PARK ST. MARY, S Md
© 5 8 € € 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2) I certify that I took charge of the remains described above, held a Autopsy K, Inspection , Inquiry , and in my apinior
exe exe or. P d fo d fo irol,	deoth-resulted fram Natural causes Accident . Suicide . Homicide . Undetermined monner
MEDIO olease directo birecto DIREC	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE 22. DATE SIGNED  ACTUAL SIGNATURE 22. DATE SIGNED
JTY print, plend cerd con be re RAL print	EXAMINER'S DEPUTY MEDICAL EXAMINER
o DEPUTY ME.  necessary, pleas the funeral dire 5 may be retain o FUNERAL DIR Health prior to	NAME (Type) Edward F. Wilson, M.D. Address (Street city town, or county) December 27, 19
S Hed	230 BURIA, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (Ciry or Town) (County) (State)
- FAS	SURTAL 12/29/1967 ST. JOHN,S HOLLYWOOD ST. MARY, S Md.
VR A15ME (5)	ADDRESS 250 REC BY REG STRAR 256 REGISTRAR'S SIGNATURE ADDRESS 10 A A 1 2 19 CR
6M 1/67	JOHN M. WELCH LEONARDTOWN MARYLAND DATE JAN 2 1968

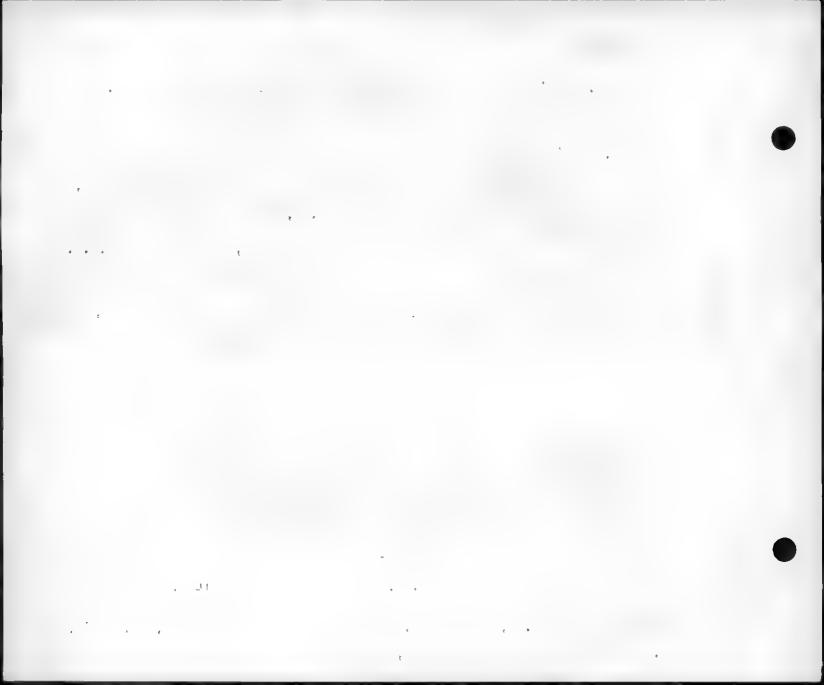
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	34	)		CERTIF	ICATE	OF DEATH			1 . (	641			
1	PLACE OF DEATH					2 USUAL RESIDENCE (W	Vhere deci	eosed lived, if institut	ion Residence	before odm	ssion)		
	o. COUNTY	MARY S		11483	et a suft	o. STATE	N.P.	b. COU	ST.	May I o	ŕ		
		f outside corporate limits		MARY C LENGTH OF STAY II		VIARY LA	ND	nesta limeta senta PIII	Ola T	DOOLARS SOME	.)		
		l give nearest town)	٥,		M ID	c CITY OR TOWN (If out			KAL OPG GIVE	1901821 10MI	,		
	EONARDTO	WN		1 HOUR		LEONARDTOWN							
	d. NAME OF HOSPITA	AL OR INSTITUTION (If no	ot in hospitol, g	ive street oddress)		d. STREET ADDRESS  6 IS RES DENCE ON A FARM?							
		ARY'S HOSP				PARK AVENUE YES							
	NAME OF DECEASED	Fi	rs1	Middle		Lost	4. DATI	E Mont	th	Doy	Year		
	(Type or print)	FRANCE	6	OTHA	EVA	NS	DEAT	TH DECEMBI	ER 2	24,	19 67		
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	, MI	B. DATE OF BIRTH		9. AGE (In years	IF JNDER 1		DER 24 HRS		
1	ALE	Nogro	WIDOWED	DIVORCED		Aug.10,1908		59 birthdoy)	Months	Doys Hou	rs Man		
10o	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County 8	& Stote, or	foreign country)	12 (11)2	ZEN OF WHA			
QUIT	LABORER		INI	INICUL		HOLLYWOOD	DM I	MARYLAND	U.S	NTRY?			
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N							
	Jo	HN HENRY E	VANS			HANNA BEA	NDER	1					
TS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16.5	SOCIAL SECURITY NO.	17. E	NFORMANT		Addr	955				
(10	NO	fit has dive wat of dates o	21	2-24-4493	AGNI	ES CECELIA E	ARNE	S LEONAR	DTOWN.	MARY	LAND		
		ATH (Enter only one cou			3//	17 111	/		T T	INTERVAL			
	PART I. DEAT	'H WAS CAUSED BY:	· ( ,	1011/1	NYVE	1. Mu	144	91		ONSET AN			
	4 201	IMMEDIATE CAUSE		1	7 //	11	177	1101		par	-		
	Conditions, if ony,		(b)	5m /111	July	11/10/1	HA !	Maria	11	m	m		
	nse to immediate	e couse (o), DUE	. ,	1		7771	WILL CO		1/2 1				
	stating the under last.	Trying couse	(0)	Myso	28	deal	X	roull	no	h	1		
_	PART II. OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH DOT NOT REL	ATED TO T	HE TERMINAL DISEASE COM	DIT ON G	MEN IN PART I(0)	-	19 WAS /			
F CATION				//		J		/		YES T	IRMED?		
2	20o ACCIDENT WAS	UNDERLYING [7]	20h DE	SCRIBE/HOW INTURY OF	CCURRED (	Enter noture of injury in F	Port Lor P	Port II of tem 181		11.7	110		
MEDICAL CERT	OR CONTRIBUTING	☐ CAUSE OF DEATH	ZOD DE.		erousen.	and the state of the state of the	J17 7 U1 I	S., I. O. Ielli Ib j					
18	(IF EITHER, NOTIFY I		204 11	NJURY OCCURRED	20 p DI 47	E OF INJURY (Home, farm	2Df	(City or town)	(Coun	thu)	(Stote)		
ğ	Hour o.m	JRY Month, Doy, Year n.	While			it ur injukt (nome, tarm ory, street, office bldg., etc.)	201	fert or lower)	(coun	177	(31018)		
2	р,п		ot work	CLI of work L			1	- 1	. / /	٨			
		y that (1) (this has	pital) attend				906,	//	7, 190		(we) tast		
		ceased alive on		1/2/19 (17) c	and that	death occurred at_		M, fram causes			ted above.		
	220. SIGNATURE		01/1		_	ATTENDING A	MED	STAFF C	22b DAT	ESIGNED	, h		
		X1	141	12111	M.D	. PHYS	DIRECTOR	PHYS.		261	67		
	22c. PHYSICIAN'S	1/4		A STATE OF THE STA		22d. ADDRESS		Man a ha	V . 7	1	7		
	NAME (Type)	JAMES	. JARB	DE M. D.		GR	EAT I	Mills, M	ARYLANI	D			
230	BURIAL, CREMATIO		EREOF /	23c NAME OF CEME	ETERY OR (	CREMATORY	23d	LOCATION (City or To	wn) ((	County)	(Stote)		
F	REMOVAL (Specify)	DEC. 28	1067	ST. JOH	UNC		Ше	LLYWOOD.	De Mari	of an Lie	tmall and		
	FUNERAL DIRECTOR	R	1701.	ADDRESS	146	250 REC'D	BY REGI	STRAR OCT 256, RE	GISTRAR SYSTU	THAT JAT	AND		
w		MATTENOLON	LEONA		. mwr. a	ND DE	0.28	STRAN 1967 256. RE		0			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplerely third in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave farben, pagers. Pshauld be filed with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 how. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



W . U	, 4		CERTIFICATE	OF DEATH			11542	
1. PLACE OF DEATH o. COUNTY ST	. MARY S		MARYLAND	o STATE	CE (Where deceosed in	b. COUNTY	Residence before odmiss	
write RURAL an	lf outside corporate mil d g ve nearest tawa)	ts,	c LENGTH OF STAY IN 15	,	. '		and give nearest town)	,
d NAME OF HOSPIT	AL OR INSTITUTION (If n	ot in hospitol, g	1HOUR 45 MIN.	d. STREET ADDRESS			e IS RESI ON A F	DENCE
	MARY & HOE	PITAL					YES 🗀	NO E
3. NAME OF DECEASED (Type or pnnt)	MARK	irst	Middle ANTHONY	GASS	4 DATE OF DEATH	Month DECEME		67
S SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AC	€ (In years II	FUNDER 1 YEAR IF UNDER TOURS	R 24 H
MALE	WHITE	WIDOWED		Nov. 14, 19	57	yrs	13	FP128
during most of working	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR Dustry	LEONARI	unty & State, or fareign		12 CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME			
15. WAS DECEASED EVI	MALCOLM EDV R IN U.S. ARMED FORCES? (If yes give wor or dotes	16. 5	SOCIAL SECURITY NO. 17.	JEAN INFORMANT	ELIZABETH	SHOTWEL Address	<u>L</u>	
	EATH (Enter only one co			BPITAL REC	CORDS		INTERVAL BE	DVPC
Conditions, if ony tise to immedia stating the under	, which gove te couse (o), arlying couse	(c) (b)	Finchs organite	Jones .	mones + De-	Cym	note bui	K
CATION	IGNIFICANT CONDITIONS						19 WAS AUT PERFORM YES	WEDS MEDSA
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DE	SCRIBE HOW INJURY OCCURRED	(Enter noture of injur	y in Port I or Port II o	of ite (18)		
THE CHARK, MOTHY		30.4 IA						100
37	10	While	Not While for	ACE OF INJURY (Home, ctory, street, office bldg		ity or town)	(County)	[31046
20c TIME OF INJ Hour o. p. 21. I certi	m.	While of work	Not While for ot work led the deceased from		,etc.)	12/2	7, 19_6, that (1) ( d an the date state	( <u>uo)</u>
20c TIME OF INJ Hour's. P 21. I certi saw the d 22o. SIGNATURE	m. 19 fy Mat (1) (this ho	While of work	Not While of or of work of the decents of from	at death accurred	,etc.)	12/2	7. 19_6, That (1) (	( <u>uo)</u>
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within-24 hours after death

Page 4 may be retained by the haspital ar attending physician.

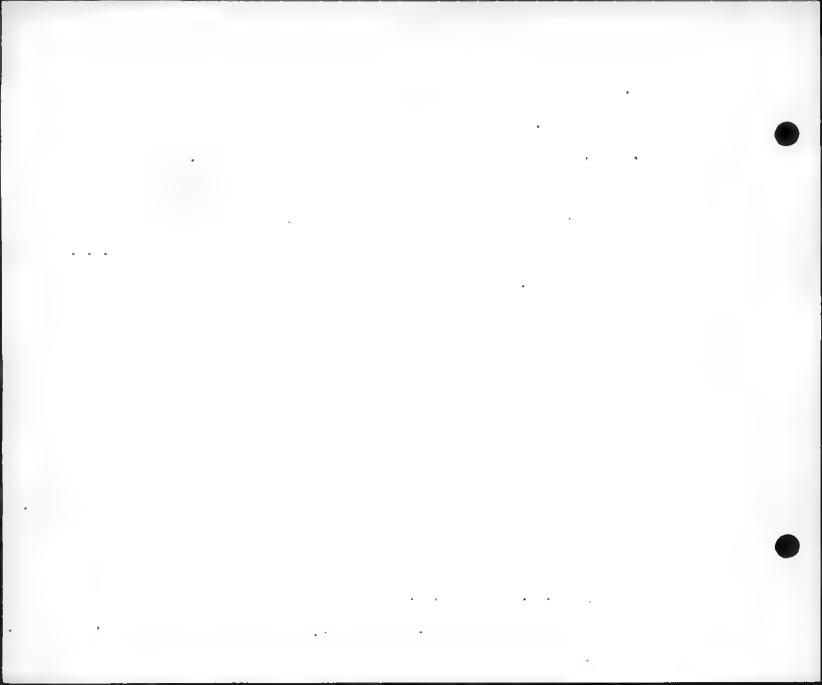
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon again. Pages —should be filed with the State Dept, of Health prior to burial, crematian, or remayal, and in any event, within 72 hours after the state Dept.

by the funera



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o DEPUTY necessory, the funeral	O FUNE Health	230	BURIAL, CREMATION, 23b	DATE THEREOF	23c NAME OF CEME	TERY OR CREMA	TORY	23d .OCATION (City or Taw	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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er death. funeral 1 and 2	1.	PLACE OF DEATH D. COUNTY ST.	MARY.S	ŀ	[ARYLAND <sub>MA</sub>	RYLÁND	2 USUAL RESIDENCE MARYLAND	Where decease	od lived if institution		efare admission)
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ecuted within 24 campletely filled ave carbon eaps y event, within 7	3	NAME OF DECEASED (Type or pant)	KATHERIN	A.	Middle ANNA		JUROVATY	4 DATE OF DEATH	Month DECEMBER		967
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NG PHYS y the has er this cer e detache ate Dept.	MEDICA	20c TIME OF INJI Haur'a r p.r	10	20d IN While at work	IJURY OCCURRED Nat While at wark		E OF INJURY (Hame, fari ary, street, affice bldg., etc		(City or town)	(Caunty)	(State)
OR ATTENDIN be retained by DRECTOR: Afre ge 3 shauld be led with the Str			fy that (I) (this hos eceased alive on	pital) otteno	led the decease	d from_d and that	death occurred at	47 M	fram causes a	nd on the d	
OR A De ret MRECI		ZZD. SIGNATORE		of	ma.	M.D	ATTENDING ATTENDING	MED DIRECTOR	STAFF PHYS	12-20	
may be RAL DIR		22c. PHYSICIAN'S NAME (Type)	P. J. BEA	N M.D.	1	HILU	22d. ADDRESS GREAT 1		MARYLAN		
TO HOSPITAL Page 4 may b TO FUNERAL D director, page	230	BURIAL, CREMATIC REMOVAL (Specify BURIAL)	236 DATE TH		23c NAME OF CE				ATION (City or * *		"Y) (State) MARY,S.
VR A15 (4) 25M 1/67	124	JOHN M.	7-Welele		ADDRESS			D BY REGISTR	So7 25b. IREG	ISTRAR S/SIGNA	Try of



	. (41)			CERTIFIC	ATE	OF DEATH			1	7645	;
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	b CHYY OR TOWN	(If outside corporate irms	ts,	c. LENGTH OF STAY IN 1	b	c CITY OR TOWN (If ou	itside corporate	limits, write RU	RAL end giv	e neorest to	wn)
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	d. NAME OF HOSPI	TAL OR INSTITUTION (IF r	ot in hospitol,	give street oddress)		d. STREET ADDRESS			•		RESIDENCE N A FARM? NO 🔀
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	VALE SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			Nov.9,1884	9.	AGE (In years last birthdoy) 33 yrs.	Months Months		JNDER 24 HRS. ours M n
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		GEORGE WAL	LACE K	XXXXM LATHRO	UM	ANNA EVE	LYN BU	ROUGHE			
15	WAS DECEASED EV	ER IN U.S. ARMED FORCES	16	SOCIAL SECURITY NO	17 1	NFORMANT		Addr	ess		
(16	es, no, or unknown) <b>No</b>	(If yes give wor or dotes	of service)	None	FRAI	NCES VIOLET	LATHRO	UM AE	BELL.	MARYL	AND
	Conditions, if on rise to immedia stotling the undust.	ite couse (o),	(b) Ex	neumona idiai Ja	iCa	n					
ATION	PART II. OTHER S	SIGNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELATE	D TO T	HE TERMINAL DISEASE COI	ND TION GIVEN	IN PART 1(o)		19 WAS PER YES	S AUTOPSY FORMED?
MEDICAL CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH FMEDICAL EXAMINER)	206 0	DESCRIBE HOW INJURY OCCU	RRED (	Enter nature of injury in	Port I or Port I	l of item 1B)			
MEDICAL	20c TIME OF IN. Hour o	JURY Month, Doy, Year	Whil			E OF INJURY (Home, form ary, street, office bldg, etc.)		(Crty or town)	(Co	unty)	(Stote)
		<b>ify</b> that (I) (this ha leceased alive an <u>≤</u>	A	nded the deceased from 19 <u>67</u> , and		death accurred at		from couses	, 1% and an f		(1) (we) las tated above
	220. SIGNATURE	Chave &	Trees	uwell	M.D	7	MED. DIRECTOR	STAFF C	22b. D.	ATE SIGNED	
	22c. PHYSICIAN' NAME (Typi		GREEN	WELL M. D.		22d ADDRESS	EO NARDI	OWN, MA	RYLAN	D	
230	BURIAL, CREMATI	al la		23c NAME OF CEMETER	RY OR (	REMATORY	23d LOC/	ATION (City or To	wn)	(County)	(Stote)
b	REMOVAL (Specif		1967	ST. ALOY	8 I U		LEON	ARDTOWN	ST.N	ARYIS	Mo.
	1. FUNERAL DIRECT			ADDRESS			D BY REGISTRAI		EGISTRAR'S S		
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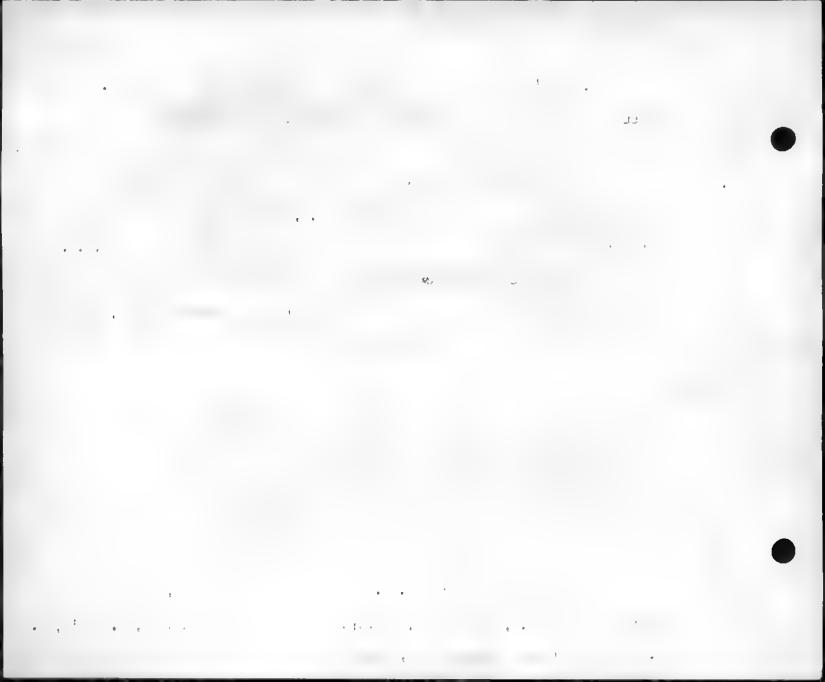
10 HISPITAL OR ATTENDING NAYSICIAM: The law requires that the death certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the haspital ar attenting pllysician

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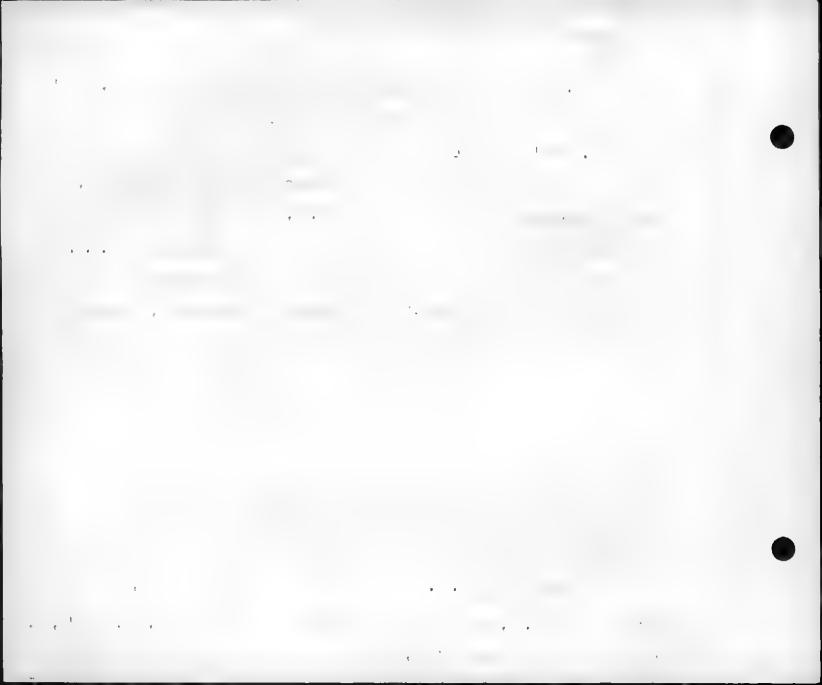
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban respect. Pages I and Schauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 22 hages after death

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x 1646 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o COUNTY ST. MARY 5 MARYLAND ST. MARY S MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate I mits, write RURA, and give nearest town) write RURAL and give nearest town) 4 DAYS RURAL CALLAWAY LEGNARDTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? ST. MARY B HOSPITAL YES IX NO [ 3 NAME OF Middle 1ost 4 DATE Month DECEASED OF DEATH PAUL DECEMBER 19 67 JOHN LAWRENCE 11. (Type or print) S SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED plast birthdov) FEB. 12, 1895 WIDOWED Y DIVORCED COLORED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? FARMER MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME MARY GREENWELL S WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service MRB ROBETTE SMITH DRAYDEN, MARKAND 18 CAUSE OF DEATH (Enter only one couse per line for to) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' Conditions, if any, which gove rise to immediate couse (a), DUE TO storing the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) WAS AUTOPS PERFORMED? NO 20o ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home form, 20c. TIME OF IN JRY Month, Day, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 21 1 certify that (1) (this haspital) attended the deceased fram. . 19 , and that death occurred at \_\_\_\_ M, from causes and on the date stated above. saw the deceased alive on. 220. SIGNATURE DIRECTOR . 996 PHYSICIAN S LEXINGTON PARK. MARYLAND REHM ERNEST M. D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23d LOCATION (City or Town) (County) REMOVAL (Specify) BURTAL DEC. 14. 1967 VALLEY LEE, ST. MARY 8, MD. BETHESDA CEMETERY 250 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATUL 24 FUNERAL DIRECTOR W.CLARKE MATTINGLEY LEONARDTOWN, MARYLAND 1967

within 24 hours after low requires that the death certificate be executed this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR: director, should be



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AL Por Part Part Part Part Part Part Part Par		22c PHYSTSIAN'S NAME (Type)	Pavid,	Mos:	9 777 971	ML	22d. ADDRESS	MECHANI	CEVILLE	, MARY	LANE	)	
D HOSPI' Page 4 T	23a	BURIAL, CREMATIC		EREOF	23c NAME OF CEMI	ETERY OR	CREMATORY	23d LOC	ATION (City or To	own)	(County)	(Sto	gte)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	F	REMOVAL (Specify)	DEC. 15	.1967	ST. JOSE	PHS (	ENETERY					DVI 4	MD
		FUNERAL DIRECTO			ADDRESS		250 REC	D BY REG STRA	ANZA ST	EGISTRAR'S S	GNATURE		17.14
VR A15 (II) 25M 1/67	W.	CLARKE N	ATTINGLEY	LEONAL	RDTOWN, MAI	RYLAN	OATE D	FC 1 F	1007	Ori	F . 18		



The low requires that th≡ deoth certificate be ≡x≡cuted within 24 ■ours ofter d≡∎th.

OR ATTENDING

TO HESPITAL

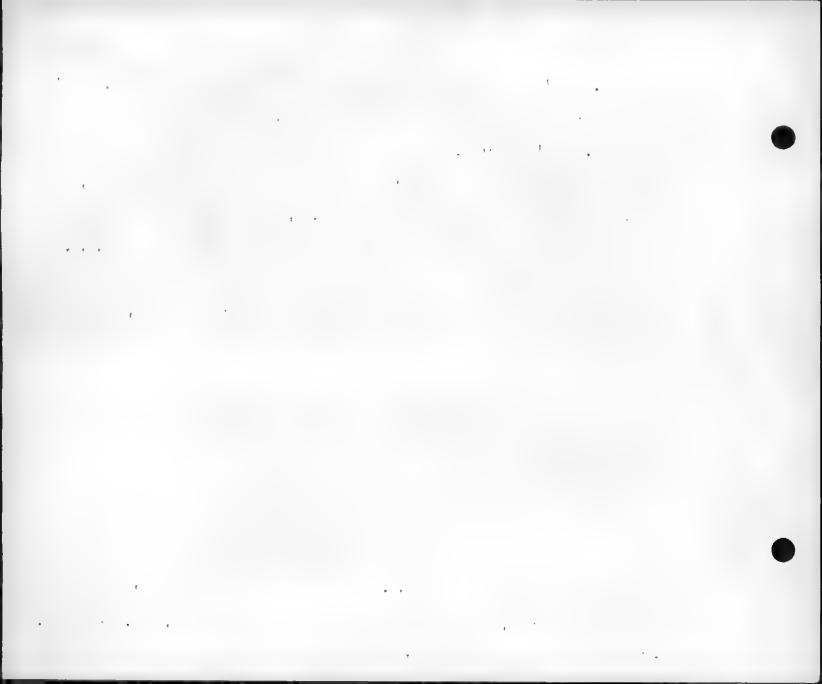
### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17648

ond 2 deoth. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, functioning Residence before admission) o. COUNTY a STATE ST. MARY S MARY S MARYLAND MARYLAND b. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c (ITY OR TOWN (If guitside carparate limits, write RURAL and give nearest (gwn) RURAL LOVEVILLE LEGNARDTOWN 1 HOUR IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS filled ST. MARY & HOSPITAL ROUTE 2 LEGNARDTOWN YES NO 3 NAME OF Middia 4 DATE Last Month Dov DECEASED 24. 19 67 DECEMBER (Type or print) ANNA RUSSELL MORGAN DEATH ove car v event, S SEX IF UNDER 1 YEAR IF LINDER 24 HRS 9 AGE (In years 6. COLOR OR RACE 8 DATE OF BIRTH 69 (in years 7. MARRIED NEVER MARRIED Months Dovs Haurs WIDOWED DIVORCED FEB. 18, 1898 WHITE FEMALE 0 1 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign caunity) 12 CITIZEN OF WHAT INDUSTRY COUNTRY? MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME removo BERNARD RUSSELI IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown). If If yes give war or dates of service ö MRS SHIRLEY LACEY CHAPTICO. MARYLAND INTERVAL/BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-transit ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) nse to immediate cause (a), DUE TO for use as the t Health prior to b stating the underlying cause this certificate has been 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES T NO 200 ACC DENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year {City or town} (Vtruo3) (Stote) Haur o.m. factory, street, office bldg., etc.) While Not While After at work L 21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on and that death occurred at DIRECTOR: M, fram causes and an the dote stoted obave. 220 STGNATURE 22b DATE SIGNED director, poge 3 should be filed v 22d. ADDRESS 22 PHYSICIAN'S TO FUNERAL MECHANICSVILLE, MARYLAND NAME (Type) MOSSMAN M.D. DAVID L 23c NAME OF CEMETERY OR CREMATORY 23g BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) SACRED HEART CEMETERY ST. MARY S. MD. DEG. 27. 1967 BURIAL BUSHWOOD. 25a RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) LEONARDTOWN, MARYLAND 25M 1/67 W. CLARKE MATTINGLEY



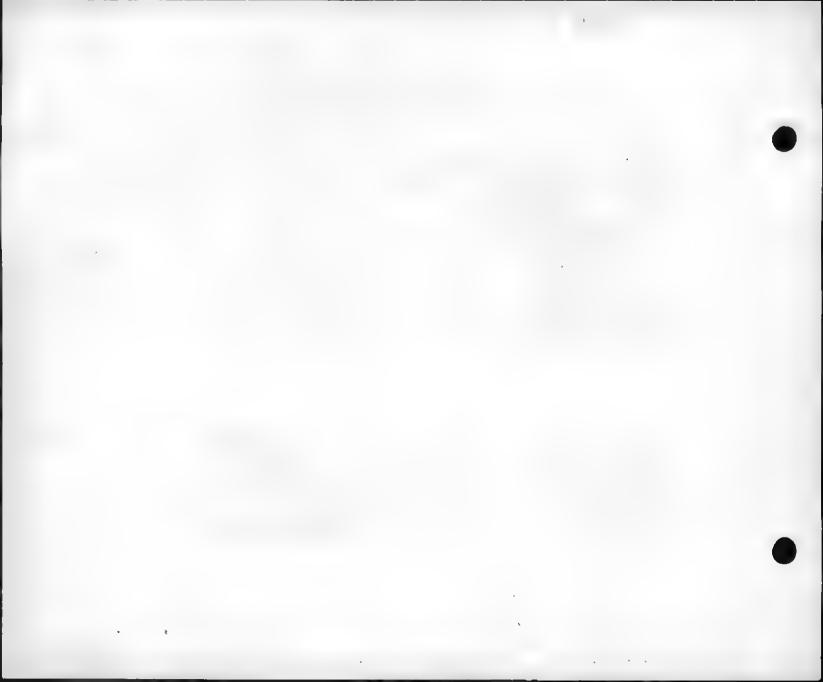
05/4/

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				CERTIF	ICATE	OF DEATH		17	640	
	PLACE OF DEATH			·····			(Where deceased ved,	if institution Reside		
	a. COUNTY	VIC		MAD	YLAND	OTATE A TUCK A TA		b. COUNTY	DV I C	
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	write RURAL and give nearest town) LEONARDTOWN					AVENUE /8-/				
	NAME OF HOSPIT	IAL OR INSTITUTION (IF	ot in hospital,	give street address)		d STREET ADDRESS		- 1	e S RESIDENCE ON A FARM?	
		Y'S NURSIN							YES NO X	
	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE OF	Manth	Doy Year	
	(Type or pant)	MARY		IRENE	MU	WAMI	DEATH	DEC.	31. 1967	
5	SEX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIES	D 🔲 8	. DATE OF BIRTH	9 AGE (In last bir			
_	EMALE	WHITE	WIDOWED	tu-ul		FEB. 3, 189	74	Yrs		
		N (Give kind af wark deni life, even if retired)		KIND OF BUSINESS OR NOUSTRY		11. BIRTHPLACE (County	y & State, or foreign coun	try) 12 C	ITIZEN OF WHAT	
Jul	HOUSEWIF	E	D	OMESTIC		PENNA.		1	DUNTRY? J.S.A.	
13.	FATHER'S NAME					14 MOTHER'S MAIDEN	NAME			
	ANDREW P	OORMAN				ELLA MES	STMER			
15		R IN U.S. ARMED FORCES! (If yes give war ar dates	16	SOCIAL SECURITY NO	17. 1	NFORMANT	7.124	Address		
(Ye	s, no, or unknown) NO	(If yes give war ar dates	of service)		- CI	TANLEY I. M	ET A MINITE			
-		EATH (Enter only one co	use per line fe	r (a) (b) and (d))		THINDE TO P	IOPDIAM		INTERVAL BETWEEN	
	PART I. DEA	TH WAS CAUSED BY							ONSET AND DEATH	
	492	- IMMEDIATE CAUSI		100	RALL	manch			48 hrs	
	Conditions Steem		10							
	Canditions, if ony nse to immedial	to couse Int	(b)							
	stoting the unde		TO							
	last.		(c)							
22	PART II OTHER S	IGNIFICANT CONDITIONS				THE TERMINAL DISEASE CO		T 1(a)	19 WAS AUTOPSY PERFORMED?	
ATI0			adr	uncel a	vitu	in sele	edución.		TES NO T	
CERTIFICATION	20a ACCIDENT WA					Enter nature of injury in		m 18)		
8		MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJ	URY Month, Day, Year	2Dd	INJURY OCCURRED	2De PLAC	E OF INJURY (Home, for	m, 20f (City or	town) (Co	ounty) (Stote)	
E S	Hour 'o	m. m 19	Whil	e Not While of work	facti	ary, street, office bldg., etc		, i	(/	
	21 L certi	III.	ow to	nk or work or	fram	· 0	196 G to 1000	- 3, 19	67, that (I) (we) las	
	saw the d	eceased alive on _	Bec	1967	ond that	death occurred of	4 A M, from	couses and on t	he date stated above	
	22a. SIGNATURE		0-1	7			-4400		ATE SIGNED	
		UNA	013	a el	M.D	ATTENDING PHYS	MED. ST/	YS .	12 -31-47	
	22c PHYSICIAN'S			di -		22d. ADDRESS	- · · · ·			
	NAME (Type	WILLIAM D.	BOYD			LEONARI	TOWN. MARY	LAND		
23c	BURIAL, CREMATIO	ON, 23b. DATE TH		23c. NAME OF CEM	FTERY OR	REMATORY	23d LOCATION (	ity or Tawn)	(Caunty) (State)	
	THANST		/68						(5,0,0)	
24	L FUNDALL DIDE	- 10/7/1/ 7	700	ADDRESS		2So RFC	D BY REGISTRAR	25b REG STRAR'S	SIGNATURE	
1	JOHN M.	11-14eren	FRAN		(T)			Milare		
/	JOHN M.	WELCH	LEO:	NARDTOWN. M	W.	DATEA	V 5 1968	* Could	V / /	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplefely—fitted in provide tuberal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the Stote Dept. at Health priar ta burial, cremation, ar remayal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

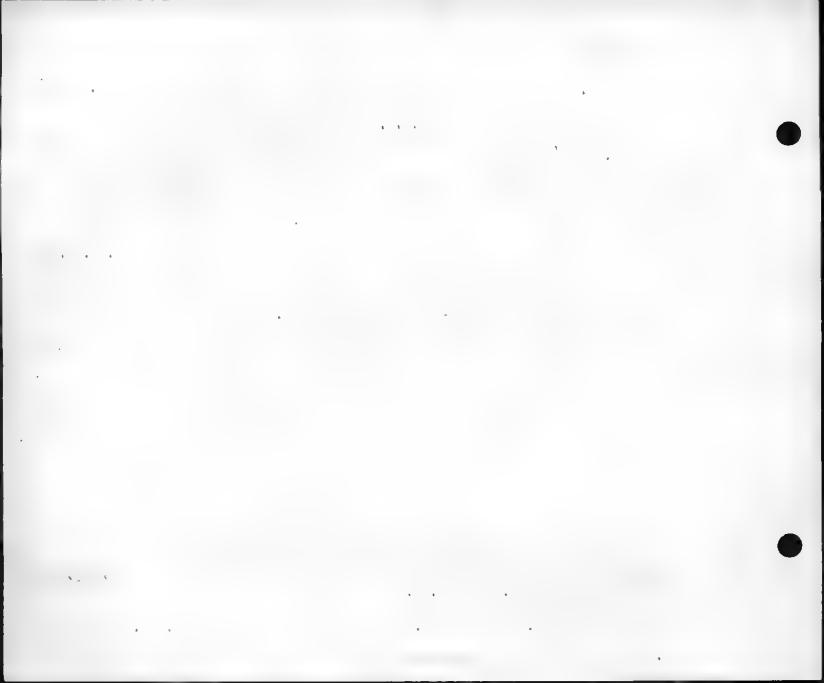
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with<u>un</u> 24 ho<u>urs-o</u>ffer death



1	I	tems 18,20b&21 Film 396 MARYLAND STATE DEPARTMENT OF HEALTH -8-68 ambivision of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 2120	)1
FOR STATE		. Item #2a,b,c & d Film #732/ J7/27/67.ph	6:11
HEALTH DEPT	1	PLACE OF DEATH  o COUNTY  St. Mary 8  MARYLAND  2 USUAL RESIDENCE (Where deceased ved) of institution. Residence o STATE TEXAS  b. COUNTY  Calv	before admission) .
de de la del		b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate I m its write RURAL and give nearest tawn)	neorest town)
open It any para para para para para para para par		d NAME OF HOSPITAL OR INSTITUTION (finat in hospita, give street oddress) d STREET ADDRESS Quarters #21/3, Rt. 1	e IS RESIDENCE ON A FARM?
er death I Sive Pages ng with far ng the State hin 72 pag.	-	In Navy Utility Boat  NAME OF First Middle Lost 4 DATE Month OF OF	Doy Year
8. Give Pages along with far within 72 page	5	(Type or print) John Gilbert Purdom DEATH December 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years   FUNDER 1)	
haurs a tem 18. Office al and 2 w	100	male oaucasian WIDOWED DIVORCED Feb. 2, 1940 27 YIS Months	Doys Hours Min
24 n l l l l l l l l l l l l l l l l l l	D.	ring most of working life, even if retired)  amage Controlman(Diver) U. S. Navy  McKinney, Texas  FATHER'S MAME	U.S.
with n in pencil in Examiner Examiner File page and in an		Harvey Howard Purdom Ruby Lynn Gilbert	
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no or unknown) (If yes give wer or detes of service)  yes 1957-12/5/67 467-58-3528 Official U.S. Navy Records	
be "pe lief instr		B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART   DEATH WAS (AUSED BY    MMMEDIATE (AUSE (o)   Massive air embolism to heart and brain	NTERVAL BETWEEN ONSET AND DEATH
war war the tial-		Tod, 5 DUE TO Conditions, if ony, which gove ) (b) Scuba diving accident	Immed.
d t d		stoting the underlying couse DUE TO	an accept of the d
certificate w. writing th farworded t used as a l burial, crer	√0 V0	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
This icate be for the formula	CERTIFICATION	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port Lor Item 1B)	YES NO
Sha s	MEDICAL CE	CAUSE OF DEATH  SCUBA Diving accident while on active duty of the OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Horne, form, 20f (Cty or town) (County)	
y oute	MED	2-15 pm 12-5 1967 While of work at work River Paturent St. Mer  21. I certify that I took charge of the remains described above, he d an Autopsy , Inspection X, Inquiry X	
MEDICAL EX lease execute director. Page etained for ye DIRECTOR: Po S designated		depth resulted from. Natural couses , Accident X, Suicide , Homicide Undetermined manner	and in my apinio
·		ACTUAL LT ROBERT M. MANDELL, MC, USNR MD ASSISTANT MEDICAL EXAMINER	22. DATE SIGNE
o DEPUTY necessory, prile funeral 5 may be re o FUNERAL Health ar its		NAME (Type) WIND JOY HD WILLIAM D BOY DANGESS (Street, city, town, or county)	12-7-67
TO D Dece ##e 5 m 5 m Hea	230	BURIAL (REMATION 236 DATE HEREOF 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by of Town) (C REMOVAL (Specify) BURIAL 12/8/67 ARLINGTON NATIONAL ARLINGTON VA	ounty) (Stole)
VR A15ME (5) 6M 1/66	(2)	JOHN M. WELCH - LEONARDTOWN MD.  ADDRESS  250. REC'D BY REGISTRAR 250. REGISTRAR SIGN CLEANER  DAGE C 11 1967	Judga.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .546 11651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY Maruland St. Maru's Maru's MARYLAND delay CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. C.TY OR TOWN (If outside corporate limits, write RURA, and give neatest town) Leonardtown Mechanicsville Oakville e IS RES DENCE ON A FARM? d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Route YES X NO . in penal in Item 18. Give Pages land 2 with the State be executed within 24 haurs after death d "pending" in pencil in Item 18. Give Pag Chief Medical Examiner's Office along with Middle 4 DATE 3. NAME OF DECEASED 0F (Type or print) DEATH S. SEX FUNDER 24 HRS **NEVER MARRIED** B. DATE OF BIRTH in years lost birthdoy) Months Dovs WIDOWED D VORCED 100 SUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Tames Sulvester Quade Mary Dueree Williams F. 6 IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) event within same as # 2 above INTERVAL BETWEEN IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH MMEDIATE CAUSE (o) This certificate shauld e, writing the ward farwarded to the Ch DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last 19 WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED? NO. 200 EXTERNAL CAUSE WAS DESCRIBE HOW NURY OCCURRED (Enter nature of noury in Port 1 or Port 1 of item 18) 3 shauld PRIMARY Tor CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home form, (City or town) 20c. T.ME OF .N. URY Month, Doy, Year (Stote) Hour o.m. foctory, street, office bldg, etc.) may be retained for your FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inqu'ry X, and in my apinian Natural couses X. Accident ... death resulted fram. Suicide | Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER M **EXAMINER'S** 5 may O FUNE Realth Address (Street, city, town, or county) NAME (Type) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 230 BURIAL CREMATION REMOVAL (Spec fy) Moroanza 24. FUNERAL DIRECTOR 25b REGISTRAR S S GWAT JR VR A15ME 1968 DATE JAN 6M 1/67 larke Mattinoleu Leonardtown Marulana



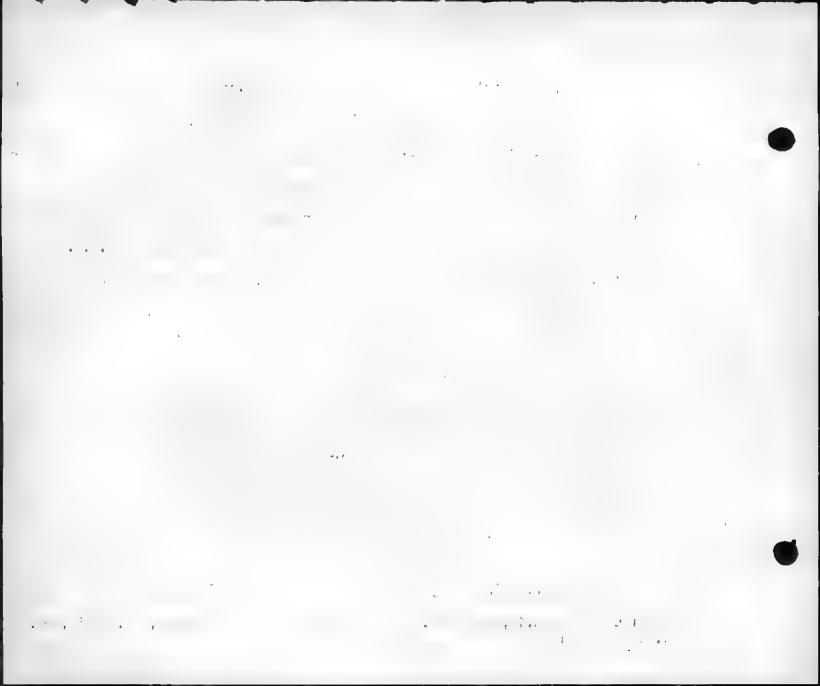
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Paggs 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

GERTIFICATION CERTIFICATION	E UF DEATH
PLACE DF OEATH     COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Saint Mary's MARYLANO	Maryland b. COUNTY Saint Maryls
b. CLITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH DF STAY IN 1b	
Leonardtown 5Hr.10 Mi d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	n Park Hall
	ON A FARM?
Saint Mary's Hospital	YES ND
OECEASED	Lest 4. DATE Month Day Year
(Type or print)  5 SEX   6. COLOR OR RACE   7 MARRIED   1 NEVER MARRIED   1	Shade   December 6 1967
/ MARRIEU NEVER MARRIEU	last birthday) Months   Days   Hours   Min.
Male Negro WIDOWED DIVORCED	_ 12~6~67   _ yrs.   5   10
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Edward Shade	Lillian Ellen Somerville
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
(A) and the contract of the co	Mother Park Hall, Maryland
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reconstone Locale	ONSET AND DEATH 2 hours
OUE TO A	
Conditions, if any, which ) (b) the mattern full	(intti)
gave rise to Immediate	( and the second )
cause (a), stating the underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RES	PERFORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
Hour a.m. While - Not While - fact	ory, street, office bidg., etc.)
	A / //2 A / 2
21. I certify that (I) (this hospital) attended the deceased from	Occh 197, to Sec 197, that (1) (we) last
saw the deceased alive on Aile 1961, and the	at death occurred at LIPM, from the causes and on the date stated above.
Sinh	ATTENDING TO MED. STAFF TO 10 /2/17
22c. PHYSICIAN'S	O. PHYS. DIRECTOR PHYS. 1246
NAME (Type) Philip J. Bean, M.D.	Great Mills, Maryland
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	
BURIAL DEC. 19, 1967 ST. ALOYSIUS	CEMETERY LEONARDTOWN, ST. MARY'S, MD.
I II LEARKE MATTINGLEY	
Mattingly's Leonardto	NO, Md. DATEDEC 26 1967 Cliantes Jusque



W.CLARKE MATTINGLEY LEONARDTOWN

#### MARYLAND STATE DEPARTMENT OF HEALTH

E, MARYLAND 21201

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		PLACE OF OEATH O. COUNTY	ST.
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4		ST.	AL OR IN
3	1	NAME OF DECEASEO (Type or print)	
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		VALE	Wн
	10e	USUAL OCCUPATION	Give ki
	S		VHOL
	13.		`
	<u>IS.</u>	WAS DECEASED EVE	PINUS
	(Ye	s, no, or unknown)	(If yes gi
		18. CAUSE OF DE PART I. OEAT	
		5810	*"
		Conditions, if ony, rise to immediat	
		stoting the under	
		PART II OTHER SI	CNUEICAN
2	CATION		
	L CERTIFI	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSI
	MED.CAI	20c TIME OF INJU Hour or	JRY Mos n.
	-	p.r	
		21 I certif	ry mai

		CERTIFICATE	OI DEATH		1765.1
PLACE OF OEATH			2. USUAL RESIDENCE (W	There deceased lived, if institution. Resident	dence before odm ssion)
o. COUNTY	ST. MARY'S	MARYLAND	O. STATE MARY	LAND b. COUNTY S	T. MARY 6
5 CITY OR TOWN	(If autside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	ts de carparate limits, write RURAL and	give nearest tawn)
Write RURAL o	nd give nearest town) TOWN,	36 DAYS		EORGE ISLAND	1.1
	ITAL OR INSTITUTION (If not in hospital,	give street address)	d STREET ADDRESS		e IS RES DENCE
ST.	MARY & HOSPITAL				ON A FARM? YES NO K
3 NAME OF DECEASEO	First	Midd e	Last	4 DATE Month	Day Year
(Type or print)	<b>Ј</b> ОНИ		SHEAFFER	DEATH DECEMBER	21, 19 67
S SEX	6. COLOR OR RACE 7 MARRIED		8 DATE OF BIRTH	lost pethday) Month	ER LYEAR OF UNDER 24 HRS  S Dovs Hours Min
MALE	WHITE WIDOWED	DIVORCED .	JULY 23, 1904	lest birthday) Month	3 DOES HOURS MILL
100 USUAL OCCUPATION during most of working		IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County &		CH ZEN OF WHAT
SEAFOOD	WHOLESALE	NUOTIKI	WASHI	NGTON, D. C.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIOEN N	IAME	
	CHARLES W. SHEAFF	ER	ANNIE	1. MITCHELL	
IS. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(185, 110, 01 011111109911	(If yes give wor or dates of service)	MR	B LILLIAN A.	SHEAFFER SAME A	S # 2 ABOVE
	DEATH (Enter only one couse per line fo ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		O corre		INTERVAL BETWEEN ONSET AND DEATH
- 0	which nove >				
rise to immedi	ote couse (a),				
stoting the unc	lerlying couse (c)				
PART II OTHER	SIGNIFICANT CONDITIONS CONTRIBUTING	TO OFATH BUT NOT RELATED TO	THE TERMINAL DISEASE (ON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMEO?
E ACCIDENTAL	AC HIDEBINING TO LOOK D	ECCOURT MORE INHIBITY OCCURRED	(Catanana at any in I	)	YES NO
OR CONTRIBUTIN	'AS JNDERLYING ☐ 206 D 'G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED	tenser nature of injusy in s	rem or Pert II of Item 18.)	
20c TIME OF IN			CE OF INJURY (Home, form tory, street, office bidg., etc.)		(County) (State)
	o.m. 19 at wa	rk U ot work U			
21 I cert	t <b>ify</b> that (1) (this haspital) atten	ded the deceased fram_	11-15-11	$9G_{2}$ , to $12-21$ , 1	9.42, that (I) (we) last
	deceased alive an $12-2$	0 19 67, and tha	f death accurred at	7 P M, from causes and an	
22o. SIGNATUR	Just Be	M.I	ATTENDING PHYS.	MED STAFF 22b.	OATE SIGNED
22c. PHYSICIAN NAME (Typ	WILLIAM D. BOY	D M.D.	22d. ADORESS	LEONARDTOWN, M	ARYLAND
230 BURIAL, CREMAT		23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(County) (State)
BURIAL (Speci	PEC.23,1967	ST.GEORGE ISL	AND M.E.	ST.GEORGE ISLAND	ST. MARY IS MA
24. FUNERAL OIRECT		ADDRESS	2So. REC D	BY REGISTRAR _ ZSb REGISTRAR	S_SIGNATURE _
W.CLARKE	MATTENGLEY LEONA	POTOWN. MARVI	AND OBEC	27 1967 Jelliery	is Judge

MARYLAND

OBEC 27

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon propers Pages should be filed with the State Dept of Health prior to burial, cremation, or remayal, and in any event, within 22 hayrs affected. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



1049

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFIC	CATE	OF DEATH		1	7654	
I. PLACE OF DEATH G. COUNTY ST.	. Mary 1s		MARYLA	AND	2 USUAL RESIDENCE (VO. STATE MARYL	Where deceased lived, if in b.	COLUNITY	MARY	
b. CTY OR TOWN write RURAL or LEONARD	(If autside carparate limited give nearest tawn) TOWN	ts,	D.O.A.	1b	C CTY OR TOWN (If at	tside carparate limits, writ	te RURAL and giv	ve nearest tax	wn)
	TAL OR INSTITUTION (If n				d STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10	RESIDENCE N A FARM?
	T. MARY'S H								XX NO
3 NAME OF DECEASED (Type or print)	FRANCI	irst 8	Middle		SPALDING	4 DATE OF DEATH DECE	Manth MBER 2	25,	Year 19 <b>67</b>
S SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8	DATE OF BIRTH	9 AGE ( n yer			JNDER 24 HRS
MALE	WHITE	WIDOWED	DIVORCED		Ост. 22, 1901	66	yrs.	Duys Inc	outs Mill.
100. USUAL OCCUPATIO during most of working FARML N		10b Ki	ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	& State, ar fareign country) MARY	LAND	TIZEN OF WHOUNTRY?	AT
13. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			-
Josi	EPH SPALDING	G			RUTH F	AYNE			
	/ER IN U.S ARMED FORCES? I (If yes give war ar dates	of service)	SOCIAL SECURITY NO 9-16-2009		IFORMANT AN MEEDZINE	KI LEONARD	Address	MRYLAN	Len
Canditions, if an rise to immedia stating the und last.	rte cause (a), (	(b) A21 10 (c)	perfeus, or		3 die U	esc due	110		
PART II OTHER S	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RELAT	ED TO TH	HE TERMINAL DISEASE COM	NDITION GIVEN IN PART 1(	a)	19 WAS PERI YES	S ALTOPSY FORMED? NO
OR CONTRIBUTING	AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	URRED (	inter nature of injury in	Part I ar Part I af item 1	8)		
물 Haur'a	JURY Month, Day, Year I.m. 19	20d H While at war	Nat While		E OF IN:URY (Home, farm ry, street, office bldg., etc.)		/n) (Co	ounty)	(State)
	ify that (I) (this had deceased alive og_	spital) otten	ded the deceased fr	om id thot		9 \$ 2, to	uses ond an	, that (	(I) (we) las oted obave
22a SIGNATURE	0-7 //	1/5	cube	M.D	PHYS.	MED STAFF PHYS.	22b. C	DATE SIGNED	
23Z PHYSICIAN' NAME (Type		Berube	M.D.		22d. ADDRESS	ECHANI CBVILL	E, MARY	LAND	
23a BURIA., CREMAT		IEREOF	23c. NAME OF CEMETE	RY OR C	REMATORY	23d LOCATION (City	or Town)	(County)	(Stote)
BURIAL 24 FUNERAL DIRECT Matt	DEC. 30		ST. JOHN S  ADDRESS  Home Leona		j 25a KEU L	BY HOLLYWOOD BY REGISTRAR 25	b. REGISTRAK S	SIGNATURE	MD.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours, after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely threet in by Newton director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagets. Peace and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. Rage 4 may be retained by the haspital ar attending pillysician. VR A15 (4) 25M 1/67

Page Land 2

1 t \_t , i f

TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the death certificate be executed within 24 hours after death. howardfter death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by-the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and Ahauld be filed with the State Dept of Health prior to burial, cremation, ar remaval, and in any event, within 77 hours offer death Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 25M 1/67

> > +2×4

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

17655

	PLACE OF DEATH			2. USUAL RESIDENCE (	Where deceased lived it institution Res	
	a. COUNTY	MARY 1 6	MARYLAND	a. STATE MA	RYLAND 5. COUNTY ST	MARY 15
-		autside (arporate   mits,	T c. LENGTH OF STAY IN 15		uts de carparote limits, write RURAL and	
	write RURAL and g		12 HRS.		VEVILLE	15/
-		NARDTOWN OR INSTITUTION (If not in haspital,		d STREET ADDRESS	VEVICE	e IS RES DENCE
			dise alless aggress)	G SIRCEI ADDRESS		ON A FARM?
		MARY'S HOSPITAL		<u> </u>		YES NO 🔀
	NAME OF TOTAL TOTA	First	Middle	Last	4 DATE Manth	Day Year
	(Type or print)	BETHANTE	BRUBAKER	STAUFFER	DEATH DEC.	18 19 67
S	SEX 6	COLOR OR RACE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 ÅGE (In years IFUNI last birthday) Megati	hs 1 Peys Hours Min.
	F	WHITE WIDOWED	DIVORCED A	PRIL 30, 196	7 Yrs.	181
			IND OF BUSINESS OR	11 BIRTHPLACE (County	& State or fareign country) 12	CTIZEN OF WHAT
aur	ing most of warking life	o, even it fetired)	AD621K1	LEONARDI	TOWN ST. MARY S	COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Leve Mana	IN STAUFFER		FLERE FOX	BRUBAKER	
15	WAS DECEASED EVER I		SOCIAL SECURITY NO 17. I	NFORMANT	Address	
{Y∈	rs, na, ar unknawn)  (If	yes give war or dates of service)				M-
	Lin CAUCE OF BELL	Mt /r		<u>evi M. Stau</u>	JFFER LOVENI	
		M (Enter on y one couse per line for WAS CAUSED BY-	(a), (b), one (c).)			ONSE AND DEATH
		IMMEDIATE CAUSE (o)	eunine			17 hours
	/ 5 y	DUE TO				
	Canditions, if any, w					
	stating the underly					
	last.	) (c)				
7	PART II OTHER SIGN	IFICANT CONDITIONS CONTRIBLTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COL	ND TION GIVEN IN PART I(a)	19 WAS ALTOPSY
CERTIFICATION						PERFORMED?
EIC.	200 ACCIDENT WAS U	NÐFRLYING □ 20b. D	ESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Port L or Part II of item 181	
CERT	OR CONTRIBUTING	CAUSE OF DEATH		(2.00)	Tall to the training	
	(IF EITHER, NOTIFY ME		NJURY OCCURRED 20e. PLA	LE OF INJURY (Hame, farn	n. 20f (City or town)	(County) (State)
MEDICAL	20c TIME OF INJURY Hour o.m.	While		ory, street, affice bldg., etc.		(County) (State)
2.	p.m.	19 at wo				
		that (!) (this haspital) atten	ded the deceased fram	ec. 17,1	187 to Nec /8-	182, that (I) (we) last
		eased alive an	- 1967 , and that	death accurred at	4.45AM, from causes and a	
	22o SIGNATURE		0.0	ATTENDING	MED STAFF 22b	DATE SIGNED
		Ay Ay	Dean Albert	PHYS	DIRECTOR PHYS.	2-18-67
	22c. PHYSICIAN'S		,	22d. ADDRESS		
	NAME (Type)	P.J. BEAN, M.D.		GREAT	MILLS, Mo.	
230	. BURIAL, CREMATION,	23b DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	DEC.20, 1967	MENNONITE CE	METERY	LOVEVILLE, ST.M	ARY S. MARYLAND
	FUNERAL DIRECTOR	1	ADDRESS		D BY REGISTRAR 2Sb REGISTRAR	
	W.CLARKI	E MATTINGLEY	LEGNARDTOWN.	MD. DEC	21 1967 Jelian	les Judge.
		- 1464   1   1   1   1   1   1   1   1   1	Projection and ages a	THE DANCE OF	A T 1001 //	~ /s /s



### FOR STATE DEPT.

Stote Department of

P.M3. Poge

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

TO DEPUTY MEDICAL EXAMINER:

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Health prior to buriol, cremotion, or removal, and in any event within 72 hours after death.

This certificate should be executed within 24 hours after death. If any delay is

7651

# MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

4914	WILL PLANTS ALVE	P BELLMICHMENT	AL HEWELL		
DIVISION OF VITAL R	RECORDS, 301 W.	PRESTON STREET,	BALTIMORE,	MARYLAND	2120

1. PLACE OF DEATH			2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if institution b. (0)	ution: Residence before odmission)
St. Mary	r¹s	MARYLAN			57 1/1/2
b. CITY OR TOWN (If o	outside corporate limits,	c. LENGTH OF STAY IN 11		outside corporate limits, write R	URAL and give nearest town)
write RURAL and g		D.O.A.	Chapti	co	18.1
	OR INSTITUTION (If not in has	spitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
St. Mary's			Chaptic	o, Maryland	ON A FARM? YES NO X
3. NAME OF	First	Middle	Lost		nth Doy Year
DECEASED (Type or print)	JOHN	HENRY	THOMAS	OF DEATH Decer	
S. SEX	. COLOR OR RACE 7 MA	RRIED NEVER MARRIED [	B. DATE OF BIRTH	9. AGE (In years lost birthday)	Months Doys Hours Min.
Male	Negro WID	OWED DIVORCED [	JAN. 8. 1937	30 yrs.	
IDo. USUAL OCCUPATION (	Five kind of work done	10b. KIND OF BUSINESS OR		te or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life	e, even it retired)	INDUSTRY	Ma	RYLAND	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		VIVI
HAR	RY A. THOMAS		MARY M	ADELINE COUNT	88
15. WAS DECEASED EVER I	NU.S ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Add	dress
(Yes, no, or unknown) (If	yes give wor or dates of service		MARY THOMAS	CHAPTICO, MAR	RYLAND
TID CAUSE OF DEAT	FH (Enter only one couse per I	1			I INTERVAL BETWEEN
	MAKE CALICED DV.		at Hounda		ONSET AND DEATH
0014		Multiple Gunsh	iot woulds		
Conditions, if ony, w	DUE TO				
rise to immediate	nuse (a)				
stating the underly	The second secon				
lost.	) (c)				I to wis to the second
PART II. OTHER SIGN	HEICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CATION					YES NO
20o. EXTERNAL CAUS PRIMARY A or CONTI CAUSE OF DEATH.	E WAS	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter noture of injury i	in Port I or Port II of item 1B.)	
CAUSE OF DEATH.	KIBUIIIU 🖾	apparently s	shot as a resu	alt of a gun b	attle
2Dx. TIME OF INJURY	Y Month, Doy, Year	2Dd. INJURY OCCURRED 2D	De. PLACE OF INJURY (Home, fo	orm, 2Df. (City or town)	(County) (Stote)
8:30 P.M.	12/17 19 67	While at work I at work	foctory, street, office bldg., et	tc,)	St. Mary's, Md
		ne remains described abay		, Inspection , In	quiry , and in my apinia
death resulted	d fram: Natural caus	ses Accident [],	Suicide , Hamicio		mumer [
ACTUAL	112 and L	> 1		AL EXAMINER	22. DATE SIGNET
SIGNATURE	works	(m(-	181. D.	REDICAL EXAMINER LX	10/10/67
EXAMINER'S NAME (Type)	Werner U. Sp	itz, M.D.		eet, city, town, or county)	12/18/67
230. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEMETER	RY OR CREMATORY	23d LOCATION (City or	Town) (County) (Stote)
BURIAL (Specify)	DEC. 21.19	67 SACRED HEA	ART CEMETERY	Вивниоор ST	MARY S. MARYLAND
24. FUNERAL DIRECTOR		ADDRESS	2So. RE		REGISTRAR'S SIGNATURE

VR A 15ME (5) 6M 1/67

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THE USE

Major Treated Charles Courtains

Die, 21, 1967 DAGRED HEART STRETCHY INBRIDGET, MIN'S, HRWELAND .. Less trainery Leonardraw, Maye to

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICA	IE UP DEATH	1	7657
	ST. MARY'S	MARYLAND	O. STATE MARYLA		ST. MARY S
	I (If autside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi	de carparate limits, write RURAL and	give nearest tawn)
LEONARDTO		5 DAYS	RURAL	TALL TIMBERS	18-1
	PITAL OR INSTITUTION (If not in	, , ,	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF	First	Middle	Last	4. DATE Month	Day Year
(Type or print)	THEODORE	EGBERT X	BAMOHT MOCKSOKED	OF DECEMBE	
S. SEX		MARRIED NEVER MARRIED	8. DATE OF BIRTH	Q ACE (In wants   IE III	IDER I YEAR   IF UNDER 24 HRS
MALE		NDOWED DIVORCED	JUNE 22, 1889	last birthday) Mont	ths Days Hours Min.
	ON (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & S		2. CITIZEN OF WHAT
during most of working	ng life, even if retired)	INDUSTRY	The bikini back (coom) a.		COUNTRY?
SALES A  13. FATHER'S NAME			14 MOTHER'S MAINTH MA		U.S.A.
IS. FRITIER S NAME			14. MOTHER'S MAIDEN NA	Mt	
	THEODORE E. T		RACHEL V		
	VER IN U.S. ARMED FORCES?  i) [(If yes give war or dates of sen		, INFORMANT	Address	
(105,110, 51 611/115111	if the serve was or agrees or ser		VOLA M. THOMAS	TALL TIMBERS	MARYLAND
18. CAUSE OF	DEATH (Enter only one cause pe	er line for (a), (b), and (c),)			INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Const	: a Klear 17	0-6	ONSET AND DEATH
4200	DUE TO				
Canditions, if or	nu udiah masa s	Cart . ma	ic Heart &	(1)	E and
rise ta immedi	ate cause (a),	Colorado	corper 11		Jagas
stating the und	derlying cause				. •
	(c) _				
PART II. OTHER	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	VAS UNDERLYING   NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Po	nt I or Part II af item 18.)	
Hour !	NJURY Month, Day, Year o.m. p.m. 19		PLACE OF INJURY (Home, farm, actory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I cer saw the	tify that (I) (this haspital	attended the deceased fram.	12-4, 19 nat death accurred at	67, ta 2.	19 C > that (I) (we) la
22a. SIGNATUR		10	ATTENDING M	77	D. DATE SIGNED
22c. PHYSICIAN NAME (Typ		D. BOYD M. D.	22d. ADDRESS	LEONARDTOWN, MA	RYLAND
230. BURIAL, CREMA		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town)	(County) (State)
BURIAL (Speci	DEC. 13.1	967 ST. GEORGE EP	1800041		1 11 11
24. FUNERAL DIRECT		ADDRESS		VALLEY LEE ST.  y REGISTRAR 25b. REGISTRA	MARY 8 MO
		EQUADOTOWN MADVE			In B.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled indirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papel should be filed with the State Dept. of Health priar ta burial, crematian, or remaval, and in any event, within 73 Page 4 may be retained by the hospital ar attending physician. VR A15 (4)

NAME .: CHARLES Frank -2.000 BYIS 2 ANTIFERENCE VANCE VENE A MARKET CONTROL Despectation of the Control of the N 621 M and . 4 . . . . . . . . . . . . . . . . THE MAN THEFT STATES STATES AND ASSESSED. BRIGHT ATERIANCED SEE LEAVE ATERIANCED the contract of the second MAZIMAW JOHN SALES a- . Green a- Madage Later to the later

and the same of th